

MARYLAND

near ^{Town} *Ridgely* ^{County} *Caroline*
 Died at *Caroline*
 Date 19 *02* Month *3* Day *4* Age *Stillborn* Native of *md* Occupation *—*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *—*

Husband of
Wife

Father's Name *Thos Ball* Mother's Maiden Name *Clara Waddell*

Cause of Death ☒ Primary ☐ Immediate *Still born* *D* How long sick *—*
 Accident, Suicide, Homicide

Reported by *Thos Ball* *Parent*
 Address *Ridgely Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Bowers

Died at

Ridgely

Town

County

Caroline

MARYLAND

Date 1902

March 29

Age

59-4-18

Native of

Pa.

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Member of church living~~Husband
of

Wife

Father's Name Thomas Bowers

Mother's

Maiden Name

Nancy Ernst

Cause of

Primary

Tuberculosis of Intestine & Knee

How long sick

6 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. C. Madara

Address

Ridgely

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rose Chester
Town *Denton* County *Caroline*
Died at *Denton* Maryland
Date 19 *02* *Mar* *10* Age *66* - - *md* Occupation *none*
Female *Colored* *Single* *Widow* *Divorced* Number of children living *6*
~~Husband~~ of *Rose Chester*
Wife *Rose Chester*
Father's Name *Don't know* Mother's Name *Don't know*
Cause of Death { Primary *Aneurism* Immediate *Demorrhage from Aneurism* How long sick
~~Accident, Suicide, Homicide~~
Reported by *P. R. Fisher M.D.*
Address *Denton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles Frampton, Jr.

Town

County

Died at

Fowling Creek

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar. 20

Age

md.

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Hattie Todd

Chas. Frampton

Fannie Frampton

Cause of

Primary

Cancer

How long sick

10 months

Death

Immediate

Vital failure

~~Accident, Suicide, Homicide~~

Reported by

John D. Hadaway M. D.

Address

Fowling Creek md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

Muller Family
Morrison Family
Historical

Name in Full

Certificate of Death

Name in Full *Mary B. Hawrkamp*
 Died at *Preston* Town *Caroline* County *MARYLAND*
 Date 19 *02* Month *3* Day *19* Y. *56* M. *56* D. *56* Native of *Germany* Occupation *Housewife*
 Male *White* Married *Widow* Divorced *Widower*
 Female *Colored* Single *Number of children living* *one*
 Husband of *Louis Hawrkamp*
 Father's Name *Louis Hawrkamp* Mother's Maiden Name

Cause of Death { Primary *Cancer* 45
 Immediate *Exhaustion*
 How long sick *18 months*
~~Accident, Suicide, Homicide~~

Reported by *J. R. Phillips M.D.*
 Address *Preston Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0/70/13/25

Name in Full

Certificate of Death

Clara Louise Hynson

13

Died at *Hillsboro*

Town

County

Barthine

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	<i>March</i>	<i>26</i>			<i>22</i>	<i>Md.</i>	<i>—</i>
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Married	<input checked="" type="checkbox"/> Widow		<input checked="" type="checkbox"/> Divorced		
<input type="checkbox"/> Female	<input type="checkbox"/> Colored	<input type="checkbox"/> Single	<input type="checkbox"/> Widower		<input type="checkbox"/> Number of children living		

Husband
of
WifeFether's Name *Henry H Hynson*Mother's Maiden Name *Aunice Elizabeth Richardson*Cause of ☒ Primary *Acute Gastro Enteritis*How long sick
*3 days*Death ☒ Immediate *Convulsions*

Accident, Suicide, Homicide

Reported by *H H Miller M.D.*Address *Hillsboro Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet Ann Pinket

Town

Preston

County

Caroline

MARYLAND

Died at

Date

1902

Month

3

Day

2

Age

59

Y.

M.

D.

Native of

Md

Occupation

Housewife

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

6 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

George W Potter

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

March 19

Age

53

Rt 4th

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Died / Known

How long sick

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

Eugene H. George M.D.

Address

Dorchester Caroline Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levi B. Replogle

Died at ^{Town} Ridgely ^{County} Caroline ^{State} MARYLANDDate 1902 ^{Month} March ^{Day} 7 ^{Y.} 61 ^{M.} 10 ^{D.} Pa. ^{Occupation} Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7Husband of Mary B. ReplogleFather's Name Daniel B. Replogle Mother's Name Jessie ReplogleCause of ^{Primary} Cancer of neck

How long sick

Death ^{Immediate} Exhaustion 45

Accident, Suicide, Homicide

Reported by J. C. MadaraAddress Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francena Louise Stambaugh

Died at ^{Town} Ridgely ^{County} Caroline

MARYLAND

Date 1902 ^{Month} March ^{Day} 30 ^{Y.} ^{M.} ^{D.} Age 50-6-20 ^{Native of} Pa ^{Occupation} Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Single~~ ~~Widower~~ ~~Female~~ ~~Color~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Frederick B. Stambaugh

Wife

Father's Name Jacob Kauffman Mother's Name Ester Kauffman

Maiden Name

Cause of Death { Primary Tumor of the Liver How long sick 14 months

Immediate Esthemia 114

Accident, Suicide, Homicide

Reported by J. C. Madara

Address Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mahala Thomas

Town

County

Died at

Ridgely

Caroline

MARYLAND

Date 189

1902

Month Day

3 18

Y.

M.

D.

Age

28 4 10

Native of

Md.

Occupation

Housework

Female

Colored

Married

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Fall down stairs

How long sick

Death

Immediate

Fracture of neck

Accident, ~~Swing door~~

Reported by

J.C. Madara

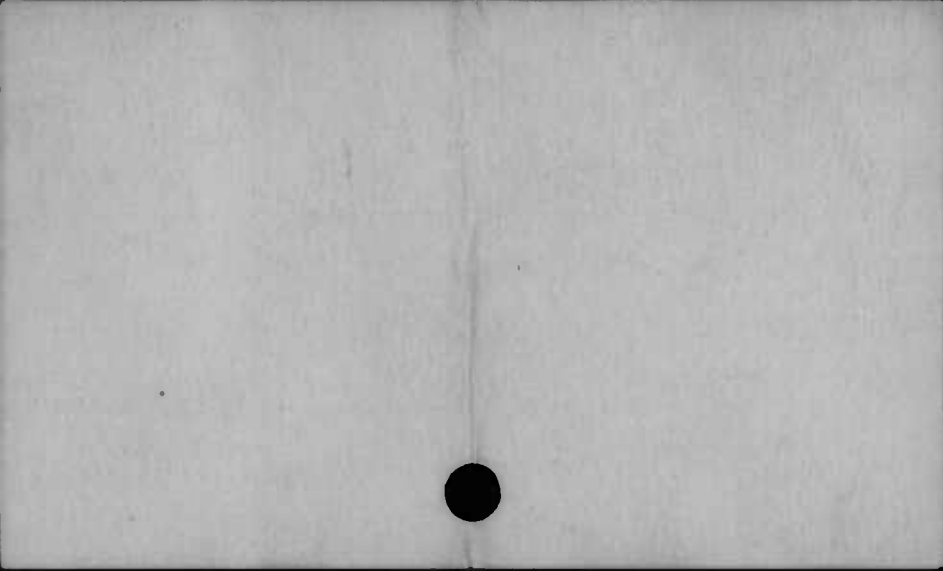
Address

Ridgely

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Chas. Dudley White -

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

31

Age

1 - 1 - 22

Md -

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

3 weeks -

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

Dr. S. S. St. Anne

Address

Ridgely Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edith Williams

Died at ^{Town} Denton ^{County} Caroline

MARYLAND

Date 19 ¹¹ 12 ^{Month} 3 ^{Day} 21 ^{Age} 36 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} School Teacher

Male White Married Widow Divorced

Female ² 2 ^{Colored} Single ³ 3 ^{Widower} Number of children living [—]

Husband of

Wife

Father's Name Adam Williams Mother's Maiden Name Sarah Punt-

Cause of Primary Phthisis 27 How long sick

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by Enoch George M D

Address Denton Caroline Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

